

**NYS Homes and Community Renewal
Weatherization Assistance Program - Request for Proposals
Exhibit I - Proposal Summary**

All applicants must complete this section.

Subgrantee or applicant name:		Date submitted:	
Service area:		HCR Region:	
Applicant contact person:		Six-digit applicant (SHARS) ID :	
Phone number:		email address:	
Service area:		HCR Region:	
Type of applicant (check one):	Existing subgrantee:	New temporary subgrantee applicant:	
Amount requested:		Units to be assisted by this proposal:	
Population to be served:		Other funding:	
Partner agency, if any:		Phone:	
Partner contact person:		email address:	
Partner fed ID:			

If this proposal will be limited to less than your entire service area, provide location below:

Attach a map, and attach additional sheets if needed.

In the space below, briefly summarize the proposal and identify expected outcomes. This information will be detailed in Exhibit II, Narrative Statement.



**New York State Homes and Community
Exhibit II - Narrative Statement and Buildings**

Provide a narrative statement, not to exceed five pages, that describes the proposal. Use additional pages if necessary and include the applicant's name.

Enter information on a separate line, below for each building to be assisted(if known).

Street Address

City

Zip Code

County

Owner Name

Renewal
to be Assisted

onal sheets, if needed. Label each sheet "Exhibit II"

		Date	Audit
		eligibility	Complete
Type (1)	No. Units	determined	(enter date)

New York State Homes and Community Renewal Exhibit 2 - Weatherization Assistance Program Proposal Budget and Schedule

Name of Subgrantee or Applicant:		Contact Person:		
Agency Code:		Phone Number:		
A. Cost Categories	B. Weatherization Funds		C. Other Funds	D. Total (sum of columns B and C)
I. BUDGET	Amount	Percentage of total budget	Amount	Percentage of total budget
A. Materials		#DIV/0!		#DIV/0!
B. Labor		#DIV/0!		#DIV/0!
C. Program Support		#DIV/0!		#DIV/0!
D. Liability Insurance		#DIV/0!		#DIV/0!
E. Financial Audit Fee		#DIV/0!		#DIV/0!
F. Training and Technical Assistance		#DIV/0!		#DIV/0!
G. Administration		#DIV/0!		#DIV/0!
H. Capital Equipment Purchase		#DIV/0!		#DIV/0!
TOTALS	0	#DIV/0!	0	#DIV/0!
II. A+B+C				
A. Materials	0		0	0
B. Labor	0		0	0
C. Program Support	0		0	0
TOTAL A+B+C	\$0		\$0	\$0
Average Cost per Unit	#DIV/0!		#DIV/0!	#DIV/0!

III. Production Schedule

Total Units 0

2012	
Month	Units
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

2013	
Month	Units
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

IV. Funding Sources

Source Name	Funding Amount
TOTAL	\$0

